

SUPPORT SVHS IN 2024 - 2025



Step 1: Please check the membership level at which you wish to renew or join:

- Family (\$35) Basic Dues**
- Individual (\$25) Basic Dues**
- Friend (\$100)
- Supporter (\$250)
- Sponsor (\$500)
- Patron (\$1,000)
- Other _____

Step 2: Let SVHS know where donations made over your *Basic Dues* amount should be directed. Additional donations can be indicated by checking "other" and/or by contributing directly to the general fund or restricted funds listed below with a checkmark in its box and separate amount indicated. When not selected donations are directed towards the General Fund.

- General Fund \$ _____
- Digital & Oral History Fund \$ _____
- Acquisition Fund \$ _____
- Speaker Honorarium Fund \$ _____

Total Amount Given to SVHS: \$ _____

Use this envelope to mail your check payable to Sewickley Valley Historical Society. Alternatively, online donations with a credit card can be made on our website at www.sewickleyhistory.org.

SVHS is a federally tax-exempt 501(c)(3) organization. Donations in excess of basic dues are tax-deductible. SVHS will send written acknowledgement of contributions of \$250 or more per IRS regulation.

If desired donations, beyond dues, can be made:

- In memory of _____
- In honor of _____

**Joining at the \$250 level entitles you to one of the premium items listed below. Memberships at \$500 entitles to both options. If you donate at those levels, please make your premium selection(s) below.*

- Book:** Historic Houses of the Sewickley Valley
- SVHS Surprise:** Allow SVHS staff to select a stationery, poster, or book item from the SVHS store inventory to send to you as your premium.

SEWICKLEY VALLEY HISTORICAL SOCIETY 2024-2025 MEMBERSHIP FORM

*Help SVHS update our records and build our email database. Please provide updated and accurate contact information below, including **an email address for each individual member included in your membership level.***

Member Name 1 (Please write the full name of member)

Member 1 Email:

Member 1 Phone: _____

Member Name 2 (Please write the full name of member #2 for membership levels "Family" and above)

Member 2 Email:

Member 2 Phone: _____

Mailing Address for *Signals* and other print collateral (1 per membership):

Street address: _____, City State Zip: _____

SVHS does not share your information without your consent.